PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

at is	ppropriate. All further adicated unless correct taintenance fee notification	correspondence includ ted below or directed or ations.	ing the Patent, advance of therwise in Block 1, by	orders and notification of a) specifying a new corre	maintenance fees will spondence address; an	be mailed to the curren ad/or (b) indicating a ser	t correspondence address a parate "FEE ADDRESS" fo	
-	CURRENT CORRESPOND	DENCE ADDRESS (Note: Use I	Block I for any change of address)	No Fee par	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
		7590 05/2	8/2008	мач				
	BP America Ir Docket Clerk, B 4101 Winfield I Warrenville, IL	IP Legal, M.C. 5Eas Road	si	I he Sta add tran	Certificence of the certif	cate of Mailing or Trans See(s) Transmittal is bein sufficient postage for fit top ISSUE FEE address (571) 273-2885, on the	smission g deposited with the Unites set class mail in an envelope above, or being facsimile date indicated below.	
	wantinville, 11.	00000			Leola M.	Jones	(Depositor's name)	
				***************************************	(2 / 1 / C)	m. (miles)	(Signature)	
					6/25/6	28	(Date)	
	APPLICATION NO.	FILING DATE	1	FIRST NAMED INVENTOR	. A1	TTORNEY DOCKET NO.	CONFIRMATION NO.	
Com	10/816,318 04/01/2004			Jeffrey A. Amelse	37,370		9121	
TITLE OF INVENTION: PROCESS FOR RECOVERING PARAXYLENE UTILIZING AMMONIA ABSORPTION REFRIGERATION								
Γ	APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	E TOTAL FEE(S) DUE	DATE DUE	
****	nonprovisional	NO	\$1440	\$300	\$0	\$1740	08/28/2008	
Γ	EXAM	INER	ART UNIT	CLASS-SUBCLASS	1			
Local	BOYER,		1797	585-812000	,			
1.				2. For printing on the p			* **	
Cı	Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
	Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form FTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 2 research of the control of the contro			(2) the name of a single registered attorney or a	(2) the name of a single firm (having as a member a registered attempt or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
	PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent attor listed, no name will be	meys or agents. If no n printed.	namie is 3		
3. /	ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been frecordation as set forth in 37 CPE 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE							ocument has been filed for	
BP Corporation North America Inc. Warrenville, Illinois								
Please check the appropriate assignee category or categories (will not be printed on the patent):								
40	The following fee(s) a	re submitted:	4h	Payment of Engle): (Plan	sa Seet rannaly upy n	reviews weld issue for	shows above)	
	4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.							
2 Publication Fee (No small entity discount permitted) 2 Payment by credit card: Form FFO-2038.:is.attached								
Advance Order - # of Copies The Director is hereby authorized to charge the overpayment, to Deposit Account Number						ne required fee(s), any de (enclose a	ficiency, or credit any n extra copy of this form).	
		us (from status indicated		☐ b. Applicant is no long		······································	***************************************	
				from anyone other than th	e applicant: a registere	d attorney or agent; or th	ne assignee or other party in	
inte	rest as shown by the re	cords of the United Stat	es Patent and Trademark	Office.				
,	Authorized Signature _	Mama	rs Ayfass	<u> </u>	Date <u>6/2</u>	4/08		
		Thomas A.				35,005		
This an a subs this Box Ale:	s collection of informa application. Confidents mitting the completed form and/or suggestio : 1450, Alexandra, Vir xandria, Virginia 2231	tion is required by 37 Cl ality is governed by 35 application form to the ms for reducing this bur- rainia 22313-1450. DO 3-1450.	FR 1.311. The information U.S.C. 122 and 37 CFR 1 USPTO. Time will vary den, should be sent to the NOT SEND FEES OR C	n is required to obtain or re 14. This collection is esti- depending upon the indivi- Chief Information Offices OMPLETED FORMS TO	tain a benefit by the pi mated to take 12 minu dual case. Any commo , U.S. Patent and Trad THIS ADDRESS. SE	ublic which is to file (and tes to complete, includin cuts on the anount of tin lemark Office, U.S. Depa ND TO: Commissioner to	by the USPTO to process) g gathering, preparing, and me you require to complete irtiment of Commerce, P.O. for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.